

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (6)

CERTIFICATE OF DEATH

12038

Reg. Dist. No. 116

1. PLACE OF DEATH:
 County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 46 Years
 Hospital, institution, or street address where death occurred:
427 Willis St.
 How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 427 Willis St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war -

3. (a) FULL NAME
William Thomas Banning

3. (b) Social Security Number
-

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Neva Bernice Collison
 6.(c) If alive, give age 70 years
 7. Birth date of deceased (mo., day, yr.) June 16, 1874
 8. AGE: Years 72 Months 5 Days 25 It less than one day - hrs. - min.

9. Birthplace Cambridge, RFD, Maryland
 (Town, county, and state)
 10. Usual occupation Collector of Rents
 11. Industry or business II II II

FATHER
 12. Name Scott Banning
 13. Birthplace Maryland
 MOTHER
 14. Maiden name Jane Langford
 15. Birthplace Maryland

16. Informant Mr. Fred Banning
 Address Cambridge, Maryland

17. Burial Date thereof Dec. 14, 1946
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory Dorchester Memorial Park
 Location Cambridge, Maryland

18. Funeral director LeCompte's Funeral Service
 Address Cambridge, Maryland.

19. 12/14/46 19 46 John Mace Jr MD
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 11 19 46, at 4:A... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10-4 19 46, to December 11 19 46, and that I last saw him alive on Dec. 10 19 46.

Immediate cause of death Uremia
Pyelo nephritis
 Due to Diabetes mellitus
 Other conditions -
 (Include pregnancy within 3 months of death)

DURATION

3 days
2 yrs.

Major findings of operations -
 Date of op. -

Autopsy results -
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide - Date of -
 Where did injury occur? - (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) -
 Means of injury - Injured at work? -

23. SIGNATURE Robert E. Banning MD
 Address 32 Race St. Cambridge, Md Date signed 12/13/46
 M. D. or other

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DEC 18 1946

BUREAU

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (70-2)

12039

CERTIFICATE OF DEATH

Reg. Dist. No. 116

| | | | | | | | |
|---|--|---|--|--|--|-----------------------------------|--|
| 1. PLACE OF DEATH: County... <u>Dorchester</u> City or town... <u>Cambridge</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?... <u>Life</u> Hospital, institution, or street address where death occurred: <u>Cambridge Maryland Hospital</u> How long in hospital or institution?... <u>3 Hours</u> | | | | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State... <u>Maryland</u> County... <u>Dorchester</u> City or town... <u>Cambridge</u> (If outside city or town limits, write RURAL and give nearest town) Street No... <u>118 Vue de Leau St.</u> (If rural, give LOCATION) 2.(a) If veteran, name war... <u>-</u> | | | |
| 3. (a) FULL NAME <u>James Howard Bradshaw</u> | | | | 3. (b) Social Security Number <u>-</u> | | | |
| 4. Sex <u>Male</u> | | 5. Color or race <u>White</u> | | 6. (a) Single, married, widowed, or divorced <u>Married</u> | | | |
| 6. (b) Name of husband or wife <u>Laura Whitmore</u> | | | | 6. (c) If alive, give age <u>64</u> years | | | |
| 7. Birth date of deceased (mo., day, yr.) <u>Sept. 27, 1868</u> | | | | | | | |
| 8. AGE: Years <u>78</u> | | Months <u>2</u> | | Days <u>29</u> | | If less than one day hrs. min. | |
| 9. Birthplace <u>Cambridge, Maryland</u> (Town, county, and state) | | | | | | | |
| 10. Usual occupation <u>Druggist</u> | | | | | | | |
| 11. Industry or business <u>Drugs</u> | | | | | | | |
| FATHER | | 12. Name <u>Joseph Bradshaw</u> | | | | | |
| MOTHER | | 13. Birthplace <u>Maryland</u> | | | | | |
| 14. Maiden name <u>Isabella Eccleston</u> | | 15. Birthplace <u>Maryland</u> | | | | | |
| 16. Informant <u>Mrs. J. H. Bradshaw</u> Address <u>Cambridge, Maryland.</u> | | | | | | | |
| 17. Burial (Burial, cremation, or removal, Which?) Date thereof <u>Dec. 28, 1946</u> (month) (day) (year) Cemetery or crematory <u>Cambridge Cemetery</u> Location <u>Cambridge, Maryland.</u> | | | | | | | |
| 18. Funeral director <u>LeCompte's Funeral Service</u> Address <u>Cambridge, Maryland.</u> | | | | | | | |
| 19. <u>12/28/46</u> <u>John Macpherson</u> (Date rec'd by registrar) Registrar | | | | | | | |
| MEDICAL CERTIFICATION 20. DATE OF DEATH <u>December 26, 1946, 9:05 P.M.</u> 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>19</u> to <u>19</u> and that I last saw him <u>alive</u> on <u>19</u> Immediate cause of death <u>Cerebral Haemorrhage</u> Due to <u>Fracture of Skull</u> Due to Other conditions (Include pregnancy within 3 months of death) Major findings of operations Date of op. Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. | | | | | | | |
| 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide <u>Accident</u> Date of <u>Dec. 26/46</u> Where did injury occur? <u>Cambridge, Dor.</u> <u>Md.</u> (City or town) (County) (State) Injured at home, farm, industry, public place (where?) <u>on public street</u> Means of Injury <u>Automobile</u> Injured at work? <u>No</u> 23. SIGNATURE <u>J. K. Shriver, Dep. Med. Exam.</u> M. D. or other Address <u>Cambridge - Md.</u> Date signed <u>Dec. 27/46</u> | | | | | | | |

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DEC 30 1946

BUREAU V B.

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *Bd*

CERTIFICATE OF DEATH

12040

Reg. Dist. No. *1160*

1. PLACE OF DEATH:

County *Baltimore*City or town *Cambridge Md.*
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? *30*

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Susan Camper

4. Sex

female

5. Color or race

col

6. (a) Single, married, widowed, or divorced

*married*6. (b) Name of husband or wife *William Camper**11th*

7. Birth date of

deceased (mo., day, yr.)

*1883*6. (c) If alive, give age *85* years

8. AGE:

Years

Months

Days

If less than one day

*65**6**10*

hrs.

min.

9. Birthplace

Winniew Md.
(Town, county, and state)

10. Usual occupation

Domestic

11. Industry or business

FATHER

12. Name

Wm. Camper

13. Birthplace

Baltimore County Md

14. Maiden name

Camper

15. Birthplace

16. Informant

William Camper

Address

716 Wells St. Cambridge Md

17.

(Burial, cremation, or removal. Which?)

Date thereof

12-21-46
(month) (day) (year)

Cemetery or crematory

Cambridge

Location

18. Funeral director

Leind H. Bayne

Address

201 Cambridge

19.

(Date read by registrar)

*12/21/46**John M. Wolfe Md*

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

Baltimore

City or town

Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No.

11 Bethel Street

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

*December 18*19*46*, at *10:00* *PM*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

November 12 19*46*, to *December 18* 19*46*and that I last saw him alive on *December 18* 19*46*

Immediate cause of death

*Coronary Thrombosis**Coronary Disease*Due to *Chr Myocarditis*

Due to

Other conditions

Hypertension

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

23. SIGNATURE

Carol M. H. Clear MD

M. D. or other

Address

*One R. R. 100*Date signed *12/20/46*

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DEC 24 1946

BUREAU

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(930)

12041

CERTIFICATE OF DEATH

Reg. Dist. No. 1160

1. PLACE OF DEATH:

County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 15 yrs 4 mos. 12 ds
 Hospital, institution, or street address where death occurred:
Eastern Shore State Hospital
 How long in hospital or institution? 15 yrs 4 ms 12 ds

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Worcester
 City or town Pocomoke City
 (If outside city or town limits, write RURAL and give nearest town)
820 2nd Street
 Street No. (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Moses E Carey

3. (b) Social Security Number

none

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Divorced
 6.(b) Name of husband or wife Lillie Nichols
 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) January 22 1862
 8. AGE: Years 84 Months 11 Days 14 If less than one day _____ hrs. _____ min.

9. Birthplace Maryland
 (Town, county, and state)
 10. Usual occupation none

11. Industry or business

12. Name Dusard Carey
 13. Birthplace Maryland
 14. Maiden name Jane Elizabeth Tubbs
 15. Birthplace Maryland

16. Informant Hospital Records
Cambridge, Maryland
 Address

17. Burial Date thereof Dec. 12, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Eastern Shore State Hospital Cemetery
 Location Cambridge, Maryland

18. Funeral director LeCompte's Funeral Service
 Address Cambridge, Maryland

19. 12-12-46 19. John M. Mace Jr.
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 6 46 19 9.15P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 39 to December 6 46
 and that I last saw him alive on December 6 46

Immediate cause of death Hypertensive cardiovascular disease DURATION 15 yrs
 Due to Senility
 Due to Senile Psychosis 15 yrs
 Other conditions Amputation of toes of left foot
 (Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work?

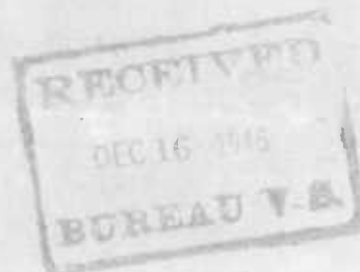
23. SIGNATURE _____ M. D. or other
Cambridge Md
 Address _____ Date signed 12/46

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



1-35

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13Pa)

CERTIFICATE OF DEATH

12042

1160

Reg. Diat. No.

| | | | | | | | |
|---|--|--|--|--|--|---|--|
| 1. PLACE OF DEATH: County..... <u>Dorchester</u> City or town..... <u>Cambridge</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: <u>Cambridge Md. Hospital</u> How long in hospital or institution? | | | | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State..... <u>Maryland</u> County..... <u>Dorchester</u> City or town..... <u>Cambridge</u> (If outside city or town limits, write RURAL and give nearest town) Street No..... <u>Pine St.</u> (If rural, give LOCATION) 2.(a) If veteran, name war..... | | | |
| 3. (a) FULL NAME <u>Anna C. Clash</u> | | | | 3. (b) Social Security Number | | | |
| 4. Sex <u>Female</u> | | 5. Color or race <u>Colored</u> | | 6. (a) Single, married, widowed, or divorced <u>Married</u> | | MEDICAL CERTIFICATION | |
| 6. (b) Name of husband or wife <u>Charles H. Clash</u> | | 6. (c) If alive, give age years | | 20. DATE OF DEATH <u>Dec. 8,</u> 19 <u>46</u> at..... M | | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>Dec. 7</u> 19 <u>46</u> to <u>Dec. 8</u> 19 <u>46</u> and that I last saw him alive on <u>Dec. 7</u> 19 <u>46</u> | |
| 7. Birth date of deceased (mo., day, yr.) <u>October 4, 1906</u> | | 8. AGE: Years..... <u>40</u> Months..... <u>2</u> Days..... <u>4</u> If less than one day..... hrs. min. | | Immediate cause of death <u>Cerebral Heart failure</u> | | DURATION <u>3 d</u> | |
| 9. Birthplace <u>Cambridge, Md.</u> (Town, county, and state) | | 10. Usual occupation <u>Housewife</u> | | Due to <u>Hypertension C & D</u> | | Due to <u>Chronic Nephritis</u> | |
| 11. Industry or business | | 12. Name <u>Steven Camper</u> | | Other conditions | | (Include pregnancy within 3 months of death) | |
| 13. Birthplace <u>Maryland</u> | | 14. Maiden name <u>Annie Clash</u> | | Major findings of operations | | Date of op. | |
| 15. Birthplace <u>Maryland</u> | | 16. Informant <u>Charles Clash</u> Address..... <u>Pine St. Cambridge, Md.</u> | | Autopsy results | | PHYSICIAN: Please underline the cause to which death should be charged statistically. | |
| 17. (Burial, cremation, or removal. Which?) <u>Burial</u> | | Date thereof <u>12-10-46</u> (month) (day) (year) | | 22. VIOLENCE: If death was due to external causes, fill in the following: | | Accident, suicide, or homicide Date of | |
| Cemetery or crematory <u>Bethel Cemetery</u> | | Location <u>Cambridge, Md.</u> | | Where did injury occur? (City or town)..... (County)..... (State) | | Injured at home, farm, industry, public place (where?) | |
| 18. Funeral director <u>Lewis A. Henry</u> | | Address <u>Cambridge, Md.</u> | | Means of Injury | | Injured at work? | |
| 19. (Date rec'd by registrar) <u>12-10-</u> <u>46</u> | | Registrar <u>John M. Jr. M.D.</u> | | 23. SIGNATURE <u>James C. Thompson M.D.</u> | | M. D. or other | |
| Address <u>Cambridge, Md.</u> | | Date signed <u>Dec. 10, 46</u> | | | | | |

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DEC 11 1946

BUREAU VS

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 184

12043

CERTIFICATE OF DEATH

Reg. Dist. No. 1160

1. PLACE OF DEATH:

County..... Dorchester
 City or town..... Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death..... 0
 Hospital, institution, or street address where death occurred:
Cambridge-Maryland Hospital
 How long in hospital or institution?..... 0

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Dorchester
 City or town..... Cambridge, R.F.D.#2
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... Cordtown
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Ernest Elliott

3. (b) Social Security Number

4. Sex..... male 5. Color or race..... colored 6.(a) Single, married, widowed, or divorced..... single
 6.(b) Name of husband or wife.....
 7. Birth date of deceased (mo., day, yr.)..... April 29, 1934 6.(c) If alive, give age..... years
 8. AGE: Years..... 12 Months..... 7 Days..... 12 If less than one day..... hrs. min.

9. Birthplace..... Dorchester Co. Md.
 (Town, county, and state)
 10. Usual occupation..... school
 11. Industry or business..... school
 12. Name..... Howard Elliott
 13. Birthplace..... Md.
 14. Maiden name..... Rena Lee
 15. Birthplace..... Md.

16. Informant..... Howard Elliott
 Address..... Cambridge, R.F.D.#2 Maryland
 17. Burial Date thereof..... 12-15-46
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory..... Cordtown Cemetery
 Location..... Cordtown, Md.
 18. Funeral director..... Lewis H. Baynes
 Address..... Cambridge Md
 19. 12-13-46 Registrar..... John Massey
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH..... December 11 1946, at 10 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

X.....19....., to.....X.....19.....and that I last saw h..... alive on.....X.....19.....

Immediate cause of death.....

DURATION

Haemorrhage.....4 hr.Due to..... Gunshot wound in lower chest

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... accident Date of..... Dec. 11/46Where did injury occur?..... Cambridge, R.F.D.#2- Md.
 (City or town) (County) (State)Injured at home, farm, industry, public place (where?)..... at homeMeans of injury..... shot gun Injured at work?..... no23. SIGNATURE..... Dr. R. Shivers - Dep. Med. Exam

M. D. or other

Address..... Cambridge, Md. Date signed..... Dec. 11/46

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DEC 16 1946
BUREAU V.B.

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

188

12044

CERTIFICATE OF DEATH

Reg. Dist. No. 16

| | | | | | | | |
|--|---|---|--|--|--|--|--|
| 1. PLACE OF DEATH: County..... <u>Dorchester</u> City or town..... <u>Cambridge</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... <u>2 days</u> Hospital, institution, or street address where death occurred: <u>Cambridge-Maryland Hospital</u> How long in hospital or institution?..... <u>2 days</u> | | | | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State..... <u>Maryland</u> County..... <u>Dorchester</u> City or town..... <u>Cambridge</u> (If outside city or town limits, write RURAL and give nearest town) Street No..... <u>50 Robbins St. Ext.</u> (If rural, give LOCATION) 2. (a) If veteran, name war..... | | | |
| 3. (a) FULL NAME <u>Leah Rebecca Ennals</u> | | | | 3. (b) Social Security Number | | | |
| 4. Sex <u>female</u> | | 5. Color or race <u>colored</u> | | 6. (a) Single, married, widowed, or divorced <u>single</u> | | | |
| 6. (b) Name of husband or wife <u>X</u> B. (c) If alive, give age..... years | | | | 7. Birth date of deceased (mo., day, yr.) <u>April 1904</u> | | | |
| 8. AGE: Years <u>32</u> Months <u>8</u> Days <u>X</u> If less than one day..... hrs. min. | | 9. Birthplace <u>Dorchester County</u> (Town, county, and state) | | | | | |
| 10. Usual occupation <u>Canning House</u> | | 11. Industry or business <u>X</u> | | | | | |
| FATHER | 12. Name <u>Grant Ennals</u> | | | | | | |
| | 13. Birthplace <u>Maryland</u> | | | | | | |
| MOTHER | 14. Maiden name <u>Amelia Travis</u> | | | | | | |
| | 15. Birthplace <u>Maryland</u> | | | | | | |
| 16. Informant <u>Hospital Records</u> Address..... | | | | | | | |
| 17. Burial, cremation, or removal. Which? <u>Cremation</u> Date thereof <u>12-21-46</u> (month) (day) (year) Cemetery or crematory <u>Crematorium</u> Location..... | | | | | | | |
| 18. Funeral director <u>Lynne H. Bazzano</u> Address <u>Cambridge Md</u> | | | | | | | |
| 19. <u>12/21/</u> 19 <u>46</u> <u>John Macfarland</u> Registrar | | | | | | | |
| MEDICAL CERTIFICATION 20. DATE OF DEATH <u>December 19</u> 19 <u>46</u> <u>12-15P</u> | | | | | | | |
| 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from..... to..... and that I last saw him..... alive on..... Immediate cause of death..... <u>Shock</u> Due to..... <u>third degree burns of practically the whole body.</u> Due to..... Other conditions..... <u>X</u> (Include pregnancy within 3 months of death) | | | | | | | |
| 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... <u>accident</u> Date of <u>Dec. 18/46</u> Where did injury occur? <u>Cambridge Dor.</u> <u>Md.</u> (City or town) (County) (State) Injured at home, farm, industry, public place (where?)..... <u>at home</u> Means of injury <u>Fire</u> Injured at work? <u>no</u> | | | | | | | |
| 23. SIGNATURE <u>W. K. Shriver</u> <u>Dep. Med. Exam.</u> M. D. or other Address <u>Cambridge Md</u> Date signed <u>Dec. 18/46</u> | | | | | | | |

RECEIVED
DEC 24 1946
BUREAU

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 12045 1100

1. PLACE OF DEATH
 County Worcester
 City or town Hurlock
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants, give residence of mother)
 State Maryland County Worcester
 City or town Hurlock
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME
Louis F. Fisher
 4. Sex Male 5. Color of race White 6. (a) Single, married, widowed, or divorced married
 6. (b) Name of husband or wife _____
 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) Mar 1st 1870
 8. AGE: Years 76 Months 9 Days 24 If less than one day _____ hrs. _____ min.

9. Birthplace Ind
 (Town, county, and state)
 10. Usual occupation Retired Waterman
 11. Industry or business _____
 12. Name George W. Fisher
 13. Birthplace Ind
 14. Maiden name Blairinda Hurlock
 15. Birthplace Ind
 16. Informant Mr James Fisher
 Address Hurlock
 17. Burial Date thereof Dec 28 1946
 (Burial, cremation, or removal) (month) (day) (year)
 Cemetery or crematory Cemetery
 Location Hurlock
W B Willoughby
 18. Funeral director Hurlock
 Address _____
 19. Dec 28 - 1946 Charles Hallings
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 25 1946 at 11:00 A.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 22 1946 to December 25 1946
 and that I last saw him alive on December 25 1946
 Immediate cause of death uremia
 Due to Hypertensive Cardiovascular renal disease
 Due to _____
 Other conditions _____

DURATION

3 days

(Include pregnancy within 9 months of death)
 Major findings of operations _____ Date of op. _____
 Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.
 22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, or public place (where?) _____
 Manner of injury _____ Injured at work? _____
 23. SIGNATURE W C Harrison MD
Hurlock Ind M. D. or other _____
 Address _____ Date signed 12/28/46

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JAN 6 1947

W. PAUL R

2-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *2411*

CERTIFICATE OF DEATH

12046

Reg. Dist. No. *160*

1. PLACE OF DEATH:

County..... **Dorchester**
 City or town..... **Cambridge**
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? **7 mos. 6 ds**
 Hospital, institution, or street address where death occurred:
Esatern Shore State Hospital
 How long in hospital or institution? **7 mos. 6 ds**

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State..... **Maryland** County..... **Dorchester**
 City or town..... **Robbins**
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Irving Hamilton Gore

3. (b) Social Security Number

none

4. Sex **Male** 5. Color or race **White** 6.(a) Single, married, widowed, or divorced **Single**

6.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) **June 1889** 6.(c) If alive, give age..... years

8. AGE: Years **57** Months **5** Days If less than one day hrs. min.

9. Birthplace..... **Robbins Dorchester Cy, Maryland**
 (Town, county, and state)

10. Usual occupation..... **Office clerk**

11. Industry or business.....

12. Name..... **Charles Gore**13. Birthplace..... **Golden Hill, Dorchester Cy. Md.**14. Maiden name..... **Emma Robbins**15. Birthplace..... **Robbins, Dorchester Cy Maryland**16. Informant..... **Hospital Records**Address..... **Cambridge, Maryland**

17. **Buried** (Burial, cremation, or removal) (Which?) Date thereof **12/17/46**
 (month) (day) (year)

Cemetery or crematory..... **Cambridge**Location..... **Cambridge**18. Funeral director..... **Cambridge**Address..... **Cambridge**

19. **12/17/46** (Date rec'd by registrar) 19..... **John M. Gore** Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... **December 15** 19 **46** at **9:45 A M**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **May 9** 19 **46** to **December 15** 19 **46**
 and that I last saw him alive on **December 13** 19 **46**

Immediate cause of death..... **Chronic Myocarditis and myocardial Degeneration** DURATION.....

Due to.....

Due to.....

Other conditions..... **Involuntional Malancholia**
Healed joint tuberculosis
 (Include pregnancy within 3 months of death)

Major findings of operations.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... **John M. Gore** M. D. or otherAddress..... **Cambridge** Date signed **12/17/46**

Cambridge, Maryland

Hospital Records

Robbins, Dorchester Co. Maryland

James Robbins

Golden Hill, Dorchester Co. Md.

Charles Gore

Office clerk

Robbins Dorchester Co. Maryland

27 2

June 1889

Male White Single

Irving Hamilton Gore

Eastern Shore State Hospital
7 mos. 9 da

7 mos. 6 da

Dorchester
Cambridge

Robbins
Maryland

Dorchester

none

December 15

46

945 A

May 9
fm

December 13

December 15 46
December 15 46

Chronic Myocarditis and myocardial
Degeneration

Healed joint tuberculosis
Involuntional Malancholia

DEC 20 1946

BUREAU

1-35

Handwritten signature/initials

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-2

CERTIFICATE OF DEATH

12047

Reg. Diat. No. 1160

1. PLACE OF DEATH:

County Dorchester
 City or town Cambridge Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 16 years
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 308 Max St
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Mrs. John E. Hayes

3. (b) Social Security Number

4. Sex male 5. Color or race negro 6.(a) Single, married, widowed, or divorced married
 6.(b) Name of husband or wife Male St. Clair Hayes
 6.(c) If alive, give age 48 years
 7. Birth date of deceased (mo., day, yr.) June 2, 1888
 8. AGE: Years 58 Months 6 Days 6 If less than one day _____ hrs. _____ min.

9. Birthplace Union Twp. Virginia
(Town, county, and state)10. Usual occupation Bruggist11. Industry or business BruggistFATHER 12. Name Washington Hayes13. Birthplace Union Twp. Va.MOTHER 14. Maiden name Elythia (Ginsburg)15. Birthplace Union Twp. Va.16. Informant Male St. Clair HayesAddress Cambridge Md.17. Burial Date thereof Dec. 11, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Wauke CemeteryLocation Cambridge Md.18. Funeral director H. M. St. Clair & SonAddress Cambridge Md.19. Dec. 11, 46 John Mace Jr. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH December 8, 1946 at 4:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 30, 1946 to Dec 8, 1946
 and that I last saw him alive on December 1946

Immediate cause of death _____ DURATION
Arteriosclerosis 6 mos
Coronary Disease 4 mos
 Due to Ch. Myocarditis 10 mos
Coronary Thrombosis 18 days
 Due to _____
 Other conditions Sen Hypertension 17 mos
 (Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Conrad M. St. Clair M.D. M. D. or otherAddress Room 200 St. John St. Date signed 12-11-46

RECEIVED
DEC 16 1946
BUREAU V.B.

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 304

CERTIFICATE OF DEATH

12048

Reg. Dist. No. 1762

1. PLACE OF DEATH:

County WorcesterCity or town Rural - Carrollton Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... County.....

City or town.....
(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

Charles Rudolph Henry

3. (b) Social Security Number

4. Sex M 5. Color or race Col 6.(a) Single, married, widowed, or divorced single

6.(b) Name of husband or wife.....

7. Birth date of

deceased (mo., day, yr.)

8. AGE: Years Months Days 11 less than one day
Dec. 23 - 1946
8 hrs. min.9. Birthplace Cambridge Md.
(Town, county, and state)

10. Usual occupation.....

11. Industry or business.....

12. Name Adriatic Hotel13. Birthplace Smithville Md.14. Maiden name Shirley Henry15. Birthplace Carrollton - Worcester Co.16. Informant Shirley HenryAddress Cambridge Md. Route 217. Carrollton Date thereof Jan 1, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory CarrolltonLocation near Cambridge18. Funeral director Lenus H. Bayne

Address

19. 1/2 47 John M. J. M.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 31 1946 at 3:00 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

December 30 1946 to December 31 1946and that I last saw him alive on December 30 1946

Immediate cause of death

Sen. Vascular Dementia

DURATION

4 daysDue to syphilis 9 days

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?.....
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE Carroll M. St. Clair MD
M. D. or otherAddress Cambridge StDate signed 12/31/46

RECEIVED

JAN 4 1947

BUREAU 8

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 166

CERTIFICATE OF DEATH

12049

Reg. Dist. No. 1160

1. PLACE OF DEATH: **Dorchester**
County.....
Cambridge
City or town.....
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? **2 or 3 hours (19)**
Hospital, institution, or street address where death occurred:
yard of Cambridge Manufacturing Company
How long in hospital or institution? **Maryland, Abertus**

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
Maryland County.....
Dorchester
City or town.....
Fishing Creek
(If outside city or town limits, write RURAL and give nearest town)
Street No.....
none
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3. (a) FULL NAME

Norman L. Hubbard

3. (b) Social Security Number

4. Sex **Male** 5. Color or race **White** 6. (a) Single, married, widowed, or divorced **Married**
B. (b) Name of husband or wife **Emily Aaron**
7. Birth date of deceased (mo., day, yr.) **Nov. 27, 1919** 6. (c) If alive, give age **25** years
8. AGE: Years **27** Months **0** Days **8** If less than one day
..... hrs. min.

9. Birthplace **Cambridge, Dor. Co.,**
(Town, county, and state)
10. Usual occupation **Truck Driver**
11. Industry or business **General Hauling**
FATHER
12. Name **John S.B. Hubbard**
13. Birthplace **Dor. Co.,**
MOTHER
14. Maiden name **Iola Hurley**
15. Birthplace **Dor. Co.,**

16. Informant **Mrs. Emily A. Hubbard**
Address **Fishing Creek, Md.**

17. **Burial** Date thereof **Dec. 8, 1946**
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory **Dorchester Memorial Park**
Cambridge, Md.
Location **Kenneth R. Thomas**
Cambridge, Md.
18. Funeral director
Address

19. **12/1/46** **46** **Dr. John Thomas**
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH **December 5,** 19 **46**, at **M**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **Dead on arrival** 19.....
and that I last saw him **Dead on arrival** 19.....

Immediate cause of death.....
Chest shot wound of
to the great vessels
Due to.....
DURATION
approx 2 min.

Due to.....
Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....
Date of op.

Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

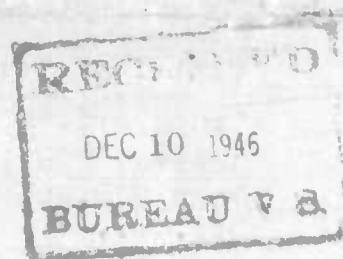
22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide **Homicide** Date of **Dec 5 1946**

Where did injury occur? **Cambridge, Dorchester, Maryland**
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) **Lumber Co. yard**
Means of injury **38 Cal. Revolver** Injured at work? **No**

Eldridge H. Wolff MD acting Deputy
23. SIGNATURE.....
M. D. or other

Address **Cambridge, Md** Date signed **12-7-46**



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12050

Reg. Dist. No. 1160

1. PLACE OF DEATH:
 County Harchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? life
 Hospital, institution, or street address where death occurred:
Cambridge Maryland Hospital
 How long in hospital or institution? 24 hours

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Harchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Calsley Street, Extended
 (If rural, give LOCATION)

3. (a) FULL NAME Ethel Mae Hughes

3. (b) Social Security Number

4. Sex Female 5. Color or race colored 6. (a) Single, married, widowed, or divorced married
 6. (b) Name of husband or wife Randolph Hughes
 7. Birth date of deceased (mo., day, yr.) June 30, 1906

8. AGE: Years 40 Months 5 Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Cambridge, Harchester Co., Maryland
 (Town, county, and state)

10. Usual occupation laborer

11. Industry or business Oyster Industry

12. Name William Seyssate

13. Birthplace Harchester Co.

14. Maiden name Ethel Burroughs

15. Birthplace Harchester Co.

16. Informant Randolph Hughes

Address Cambridge, Maryland

17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof 12-4-46
 (month) (day) (year)

Cemetery or crematory Wright Cemetery

Location Cambridge, Maryland

18. Funeral director Herbert St. Clair

Address Cambridge, Maryland

19. 12-4-46 John M. J. M. Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH December 1st 1946 at 4:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 30 1946 to Dec 1 1946
 and that I last saw her alive on Dec 1st 1946

Immediate cause of death Bilateral Lobar Pneumonia DURATION 1 week
and myocardial failure 3 days

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations none Date of op. _____

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Eldridge H. Hoffmann M.D. or other _____
Cambridge, MD Address _____ Date signed 12-2-46

RECEIVED

DEC 7 1946

BUREAU V B

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-2)

CERTIFICATE OF DEATH

Reg. Dist. No. 1160

12051

1. PLACE OF DEATH:

County WorcesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

Cambridge Maryland HospitalHow long in hospital or institution? 3 hours

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WorcesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)Street No. Rt 3 D #1

(If rural, give LOCATION)

2.(a) If veteran, name war World War #2

3. (a) FULL NAME

S. Philip Jackson

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Rose Lee Jackson

7. Birth date of deceased (mo., day, yr.)

July 14 - 19266. (c) If alive, give age 17 years

8. AGE:

Years

20

Months

4

Days

23

If less than one day

hrs.min.

9. Birthplace

Cambridge, W. Va.
(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

General Farming

FATHER

12. Name

Ralph W. Jackson

13. Birthplace

W. Va.

MOTHER

14. Maiden name

Margaret Taylor

15. Birthplace

W. Va.

16. Informant

Ralph W. Jackson

Address

Cambridge, Md. - R. 2, W.

17.

(Burial, cremation, or removal. Which?)

Burial

Date thereof

12-7-46

(month) (day) (year)

Cemetery or crematory

Christ Church

Location

Cambridge, Md.

18. Funeral director

Kenneth L. Thomas

Address

Cambridge, Md.

19.

12/1/4619 46John Macfarland

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 7 19 46 at 12:35 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec. 7 19 46 to Dec. 7 19 46and that I last saw him alive on Dec. 7 19 46

Immediate cause of death

Crushing of upperleft chest with fractureof left lungDue to 4 hoursDue to 4 hoursOther conditions fracture of skull

(Include pregnancy within 3 months of death)

Major findings of operations NoneDate of op. NoneAutopsy results None

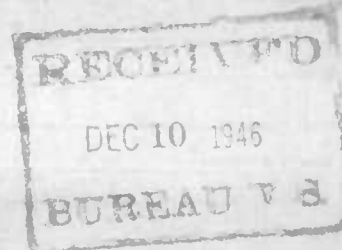
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of Dec. 7, 1946Where did injury occur? East Worcester, W. Va.

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Public HighwayMeans of injury Auto accident Reported at work? NoEdridge H. Jeffers Security Medical Examiner23. SIGNATURE Edridge H. JeffersAddress Cambridge, Md.Date signed 12-7-46



1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-2

CERTIFICATE OF DEATH

★ Reg. Dist. No. 116

1. PLACE OF DEATH

County WorcesterCity or town Cambridge Md.
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 25 yr

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County WorcesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Kate Jones

3. (b) Social Security Number

4. Sex F. 5. Color or race Col. 6.(a) Single, married, widowed, or divorced married6.(b) Name of husband or wife Benwood Jones7. Birth date of deceased (mo., day, yr.) 2 2 1869 6.(c) If alive, give age 72 years8. AGE: Years 77 Months _____ Days _____ If less than one day _____ hrs. _____ min.9. Birthplace Worcester Co. Md.
(Town, county, and state)10. Usual occupation Domestic

11. Industry or business

12. Name unknown13. Birthplace unknown14. Maiden name Sara Chester15. Birthplace Maryland16. Informant Benwood JonesAddress Trinmont Avenue17. Bethel Date thereof Dec 22
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory CambridgeLocation Cambridge18. Funeral director Lewis H. Bagnum

Address _____

19. 12/21/46 John M. Jones
(Date rec'd by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH December 19 1946 at 8:15 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 16 1946 to Dec. 19 1946 and that I last saw her alive on December 19 1946Immediate cause of death Chr. Cardiovascular Deam DURATION 2 yrs.

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Correll M. St. Clair MD M. D. or otherAddress Am. & Cedar St. Date signed 12/21/46

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 24 1946
BUREAU V S.

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 117a

CERTIFICATE OF DEATH

12053

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
 City or town Cambridge, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 15 years
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Dorchester
 City or town Madison
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Bessie V. Kun

3. (b) Social Security Number

4. Sex Female 5. Color or race negro 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Joseph Kun

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Nov. 20 1885

8. AGE: Years 61 Months 1 Days 3 It less than one day _____ hrs. _____ min.

9. Birthplace Madison, Md.
 (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

12. Name Benjamin Opler

13. Birthplace Madison, Md.

14. Maiden name Genie Stanley

15. Birthplace Madison, Md.

16. Informant Joseph Kun

Address Madison, Kun

17. Married (Burial, cremation, or removal. Which?) Date thereof Dec 30, 1946
 (month) (day) (year)

Cemetery or crematory Marblewood

Location _____

18. Funeral director Levin H. Baymen

Address Cambridge, Md.

19. 12/30 46 Joseph Kun
 (Date rec'd by registrar) (month) (day) (year) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 26 19 46 at 1:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 24 19 46 to December 26 19 46

and that I last saw her alive on December 25 19 46

Immediate cause of death Stroke Hemorrhage

Duration 1 day

Due to Stroke ulcer 6 mos.

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

SIGNATURE Carroll M St Clair MD

M. D. or other _____

Address Cambridge, Md. Date signed 12/29/46

RECEIVED

DEC 31 1946

BUREAU V 8

1-35-

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (157)

12054

CERTIFICATE OF DEATH

Reg. Dist. No. 1120

1. PLACE OF DEATH:

County... WorcesterCity or town... Hurlock
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death?... 6 hours

Hospital, institution, or street address where death occurred:

How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... WorcesterCity or town... Hurlock
(If outside city or town limits, write RURAL and give nearest town)Street No.....
(If rural, give LOCATION)

2(a) If veteran, name war.....

3. (a) FULL NAME

James Leroy Lake

3. (b) Social Security Number

4. Sex

male

5. Color or race

Negro

6. (a) Single, married, widowed, or divorced

single

6. (b) Name of husband or wife.....

7. Birth date of
deceased (mo., day, yr.)12/27/46

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace.....

Hurlock Md.
(Town, county, and state)

10. Usual occupation.....

11. Industry or business.....

12. Name.....

James Lake

13. Birthplace.....

Hurlock Md.

14. Maiden name.....

Laura Mullens

15. Birthplace.....

Hurlock Md.

16. Informant.....

James Lake

Address

Hurlock Md.

17. (Burial, cremation, or removal, Which?)

Date thereof Dec 27 1946
(month) (day) (year)

Cemetery or crematory.....

Washington

Location.....

Near Hurlock

18. Funeral director.....

James Lake Factory
Hurlock Md.

Address

19. Dec 27 19 46
(Date rec'd by registrar)Charles Lake
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... December 27, 1946 at 4:30 P.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
12/27 19 46 to 12/27 19 46
and that I last saw him alive on 12/27/46

Immediate cause of death.....

Prematurity

DURATION

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?.....
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury.....

Injured at work?

23. SIGNATURE.....

William C. Harrison MD
Hurlock Md.
M. D. or other
Date signed 12-27-46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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2-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (130)

CERTIFICATE OF DEATH

Reg. Dist. No. 1160

1. PLACE OF DEATH:

County Worcester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 6 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WorcesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)Street No. 113 Reschblom
(If rural, give LOCATION) outside

2.(a) If veteran, name war

3. (a) FULL NAME

Sara Eugenia LeCompte

3. (b) Social Security Number

None4. Sex Female 5. Color or race white 6. (a) Single, married, widowed, or divorced widowed6.(b) Name of husband or wife Joseph N. LeCompte7. Birth date of deceased (mo., day, yr.) Feb 27-1854 6.(c) If alive, give age years8. AGE: Years 92 Months 9 Days 10 If less than one day hrs. min.9. Birthplace Vienna, Md.
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name Alexander Hamilton13. Birthplace Dor Co14. Maiden name Sara Fleming15. Birthplace Dor Co.16. Informant J Elwood LeCompteAddress Cambridge, Md.17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof 12-17-46
(month) (day) (year)Cemetery or crematory Vienna EpiscopalLocation Vienna, Md.18. Funeral director Kenneth P. ThomasAddress Cambridge Md.19. 12-16 46 John Mace, Jr
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 1 19 46 at 4 A M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 22 19 46, to Dec 1 19 46
and that I last saw her alive on Dec. 14 19 46Immediate cause of death uremiaDue to nephritisDue to herpes zoster ophthalmicus

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide

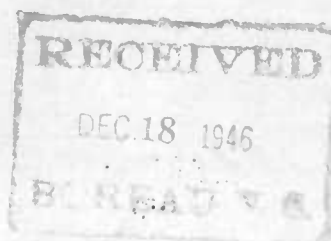
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Lawrence MaryanorAddress 136 Race St. Date signed 12/16/46

Cambridge, Md.



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12057

Reg. Dist. No. 1160

1. PLACE OF DEATH:
 County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 53 Years
 Hospital, institution, or street address where death occurred:
216 West End Ave.
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 216 West End Ave.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Nettie Hart Meekins

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed
 6.(b) Name of husband or wife Walter H. Meekins
(Died 10/11/1946) 6.(c) If alive, give age years
 7. Birth date of deceased (mo., day, yr.) May 3, 1873
 8. AGE: Years Months Days If less than one day
73 7 16 hrs. min.

9. Birthplace Lakesville, Dor. Co., Maryland
 (Town, county, and state)

10. Usual occupation *

11. Industry or business *

FATHER 12. Name Benjamin Hart13. Birthplace MarylandMOTHER 14. Maiden name Catherine Insley15. Birthplace Maryland16. Informant Mr. Walter Guy MeekinsAddress Cambridge, Maryland17. Burial Date thereof Dec. 21, 1946
 (Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Cambridge CemeteryLocation Cambridge, Maryland18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. 12/21 19 46 John M. ...
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 19, 1946 at 11:40 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept 1946 to Dec 1946and that I last saw him alive on Dec 15, 1946Immediate cause of death Primary carcinoma of the breastand metastatic diseasemetastatic carcinoma of the breastDue to Recurrent metastatic carcinoma of the breastDue to Primary carcinoma of the breast

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James G. Thompson MD

M. D. or other

Address Cambridge, Md Date signed Dec 20

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DEC 23 1946

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 742

12058

CERTIFICATE OF DEATH

Reg. Dist. No. 1160

1. PLACE OF DEATH:

County.....Dorchester
 City or town.....Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 50 years
 Hospital, institution, or street address where death occurred:
 313 Locust St.
 How long in hospital or institution? 0

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State.....Maryland.....County.....Dorchester
 City or town.....Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 313 Locust St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Laura L. Mitchell

3. (b) Social Security Number

none

4. Sex Female 5. Color or race white 6.(a) Single, married, widowed, or divorced widowed
 B.(b) Name of husband or wife Oliver W. Mitchell
 deceased 6.(c) If alive, give age X years
 7. Birth date of deceased (mo., day, yr.) 1866
 8. AGE: Years 80 Months X Days X If less than one dayhrs.min.

9. Birthplace Maryland
 (Town, county, and state)
 10. Usual occupation housewife
 11. Industry or business home
 12. Name Robert Price
 13. Birthplace Delaware
 14. Maiden name Elizabeth Hearn
 15. Birthplace Delaware

16. Informant Clarence Mitchell
 Address 200 Locust St. - Cambridge, Md.

17. Burial Date thereof 12-27-46
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Greenlawn
 Location Cambridge Md
 18. Funeral director Kenneth R. Shuman
 Address Cambridge, Md.

19. 12/27/46 19 John Macpherson
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 24 1946 at 10 P. M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
 X 19....., to X 19.....
 and that I last saw him X alive on X 19.....

Immediate cause of death Disease of Coronary Arteries
 ?

Due to Arterio-sclerosis several years

Due to X

Other conditions X

(Include pregnancy within 3 months of death)

Major findings of operations X

Date of op.

Autopsy results X

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: X

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. R. Shuman - Dep. Med. Exam.
 M. D. or other

Address Cambridge, Md. Date signed Dec. 25/46

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DEC 28 1946

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1305460

1. PLACE OF DEATH:

County Worcester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 7 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Worcester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
Street No. 516 Pine St.
(If rural, give LOCATION)
2. (a) If veteran, name war

3. (a) FULL NAME

William D. Opher

3. (b) Social Security Number

4. Sex male 5. Color or race colored 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Rona Opher

7. Birth date of deceased (mo., day, yr.) March 30, 1903 6. (c) If alive, give age 41 years

8. AGE: Years 43 Months 9 Days — If less than one day — hrs. — min.

9. Birthplace Garrisonville, Md.
(Town, county, and state)

10. Usual occupation General Laborer

11. Industry or business

12. Name George Opher

13. Birthplace Madison, Md.

14. Maiden name Louisa Water

15. Birthplace Garrisonville, Md.

16. Informant John W. Opher

Address Baltimore, Md.

17. Buried Date thereof 12 15 46
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Madison, Md.

Location Kenilworth St. Baptist

18. Funeral director 201 Wash. St.

19. 12/13 19 46 John Mace Jr.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/10/46 19 46 at 5:00 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 10, 1946 to Dec. 10, 1946

and that I last saw him alive on Dec. 10, 1946

Immediate cause of death Cerebral hemorrhage

DURATION 1 day

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Antopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

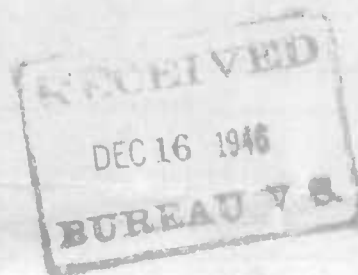
23. SIGNATURE Lawrence Mangan M. D. or other

Address 136 Race St Cambridge Md. Date signed 12/10/46

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 108

CERTIFICATE OF DEATH

12060

Reg. Dist. No. 112

1. PLACE OF DEATH:

County Dorchester
 City or town Vienna
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
Cambridge Road
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester
 City or town Vienna
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Cambridge Road
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Philip A. Parker

3. (b) Social Security Number

214-18-4575

4. Sex Male 5. Color or race Colored 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Sarah Elizabeth Parker
 6.(c) If alive, give age 30 years
 7. Birth date of deceased (mo., day, yr.) March 4, 1912
 8. AGE: Years 34 Months 8 Days 28 If less than one day
 hrs. min.

9. Birthplace Dorchester County, Maryland
 (Town, county, and state)
 10. Usual occupation Day laborer
 11. Industry or business Farm

FATHER 12. Name Robert H. Parker
 13. Birthplace Dorchester County, Maryland
 MOTHER 14. Maiden name Mary C. Cannon
 15. Birthplace Dorchester County, Maryland

16. Informant Sarah Elizabeth Parker
 Address Vienna, Maryland

17. Burial Date thereof December 5, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Vienna Colored Cemetery
 Location Vienna, Maryland

18. Funeral director J. J. Thompson and Son
 Address Federalburg, Maryland

19. December 5, 1946 Elizabeth R. Gault
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 2, 1946 at 7:40 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 29, 1946 to Nov 30, 1946
 and that I last saw him in alive on Nov 30, 1946

Immediate cause of death Pneumonia
Lobar pneumonia both lower lobes
lobes

DURATION

7 daysDue to Cancer

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE R. D. Brocken

M. D. or other

East New Market Date signed 12/2/46
 Address

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1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (112)

CERTIFICATE OF DEATH

12061
Reg. Dist. No. 1160

1. PLACE OF DEATH:

County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Park Lane
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Mary Pinder

3. (b) Social Security Number

4. Sex

Female

5. Color or race

Negro

6.(a) Single, married, widowed, or divorced

Widowed

6.(b) Name of husband or wife

8 Minus Pinder

7. Birth date of

deceased (mo., day, yr.)

Dec 29 1874

8. AGE:

Years 72 Months 0 Days 1 hrs. min.

9. Birthplace

Cambridge Dor Co Md

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Home

12. Name

Unknown

13. Birthplace

Unknown

14. Maiden name

Unknown

15. Birthplace

Ella Pinder

16. Informant

Cambridge, Md

17. Burial

(Burial, cremation, or removal. Which?)

Jan 2 1947

(month) (day) (year)

Cemetery or crematory

Waver Cemetery

Location

Cambridge Md.

18. Funeral director

J. M. Bellair & Son

Address

Cambridge, Md

19. (Date rec'd by registrar)

19. 1/2 47 J. M. Bellair & Son

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

Dec 29 1946, at

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 1946 19 to Dec 1946 19

and that I last saw him alive on Dec 1946 19

Immediate cause of death

Cardiac failure

Due to

Bronchial asthma

and arteriosclerosis

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur?

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

James A. Thompson MD

M. D. or other

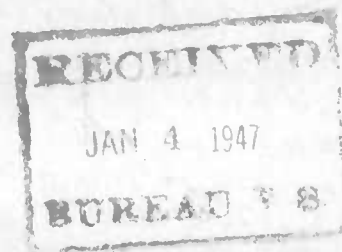
Address

Cambridge

Date signed

Jan 2 1947

Handwritten:



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 120621160

1. PLACE OF DEATH:

County Dorchester
 City or town Cambridge, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 4 years 9 months 7 days
 Hospital, institution, or street address where death occurred:
Eastern Shore State Hospital
 How long in hospital or institution? 4 years 9 months 7 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester
 City or town Reids Grove
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2. (a) If veteran, name war _____

3. (a) FULL NAME

Nannie B. Sherman

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Divorced
 6. (b) Name of husband or wife James Sidney Sherman
 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) October 6, 1885
 8. AGE: Years 61 Months 1 Days 26 If less than one day _____ hrs. _____ min.
 9. Birthplace Dorchester County
 (Town, county, and state)
 10. Usual occupation Storekeeper
 11. Industry or business Unknown
 12. Name Henry Clay Howeth
 13. Birthplace Dorchester County
 14. Maiden name Ordella Murphy
 15. Birthplace Dorchester County

16. Informant Eastern Shore State Hospital Records
 Address Cambridge, Maryland
 17. Burial Date thereof 12-5-1946
 (Burial, cremation, or removal, which?) (month) (day) (year)
 Cemetery or crematory Reids Grove
 Location Reids Grove, Md
 18. Funeral director Samuel P. Thomas
 Address Cambridge, Md.
 19. 12/4 19 46 John Mace Jr. Md
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 2 19 46 at 6:55 P.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
February 24 19 46 to December 2 19 46
 and that I last saw her alive on December 2 19 46
 Immediate cause of death _____
Broncho-pneumonia DURATION 3 days
 Due to Hemiplegia 2 mos.
 Due to Cerebral Thrombosis
 Other conditions Paranoid Conditions
Increasing Cardiac Decompensation
 (Include pregnancy within 3 months of death)
 Major findings of operations _____
 Date of op. _____
 Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____
 23. SIGNATURE Quincy B. ... M. D. or other _____
 Address Cambridge, Md Date signed 12/3/46

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 94a

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:
County Dorchester
City or town Rural-Taylors Island
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 55 Years
Hospital, institution, or street address where death occurred:
Taylors Island
How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Rural-Taylors Island
(If outside city or town limits, write RURAL and give nearest town)
Street No. Taylors Island
(If rural, give LOCATION)
2(a) If veteran, name war -

3. (a) FULL NAME

Charles E. Slacum

3. (b) Social Security Number

-

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed
6. (b) Name of husband or wife Annie Navy Slacum
(Died 10/16/1929) 6. (c) If alive, give age _____ years
7. Birth date of deceased (mo., day, yr.) Sept. 28, 1866.
8. AGE: Years 80 Months 2 Days 7 If less than one day _____ hrs. _____ min.

9. Birthplace James Island, Dor. Co., Md.
(Town, county, and state)

10. Usual occupation Truck Farmer

11. Industry or business II II

12. Name Naboth Slacum

13. Birthplace Maryland

14. Maiden name Catherine Barnes

15. Birthplace Maryland

16. Informant Mrs. Roscoe Willey

Address Cambridge, Maryland

17. Burial Date thereof Dec. 8, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Dorchester Memorial Park

Location Cambridge, Maryland

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland.

19. 12/17/46 John Mace Jr Registrar
(Date read by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH December 5, 1946 at 8:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 3, 1946 to Dec 5, 1946 and that I last saw him alive on Dec 5, 1946

Immediate cause of death Congestive Heart Failure DURATION 5d

Due to Coronary Thrombosis ?

Due to Generalized Arteriosclerosis

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

_____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of Injury _____ Injured at work? _____

23. SIGNATURE James A. Thompson M.D.

Address Cambridge, Md M. D. or other _____
Date signed Dec 6 '46

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? four daysHospital, institution, or street address where death occurred:
Cambridge HospitalHow long in hospital or institution? four days

3. (a) FULL NAME

Ethel Smith

4. Sex

Female

5. Color or race

C

6. (a) Single, married, widowed, or divorced

Widow6. (b) Name of husband or wife: Theo. Washington Smith7. Birth date of deceased (mo., day, yr.) August 13, 18978. AGE: Years 49 Months 4 Days 09
If less than one day _____ hrs. _____ min.9. Birthplace: Trappe Md.
(City, town, county, and state)10. Usual occupation: Housewife11. Industry or business: At Home12. Name: Theodore Smith13. Birthplace: Delaware14. Maiden name: Hemiggle Young15. Birthplace: Maryland16. Informant: Anna ScottAddress: 25 Aurora St. Easton Md.17. (Burial, cremation, or removal. Which?) Burial Date thereof: Dec. 16, 1946
(month) (day) (year)Cemetery or crematory: Trappe CemeteryLocation: Trappe Md.18. Funeral director: W. Ellis ClarkAddress: Easton Md.19. 12/16 19 46 N.H. Neerens
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County TalbotCity or town Trappe
(If outside city or town limits, write RURAL and give nearest town)Street No. Trappe Landing
(If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (b) Social Security Number

218-20-2644

MEDICAL CERTIFICATION

20. DATE OF DEATH December 13 19 46, at 6:40 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
December 8 19 46 to Dec. 13 19 46
and that I last saw him alive on December 12 19 46Immediate cause of death: Cerebral hemorrhage
DURATION 4 daysDue to: Hypertensive cardio-vascular disease

Due to: _____

Other conditions: _____

(Include pregnancy within 3 months of death)

Major findings of operations: _____

Date of op. _____

Autopsy results: _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: _____ Date of: _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE: L. O. Meredith, M.D. M. D. or otherAddress: Cambridge, Maryland Date signed Dec. 13, 1946

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BUREAU

2-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (250)

CERTIFICATE OF DEATH

 12065
 Reg. Dist. No. 1160

1. PLACE OF DEATH:

County.....Dorchester

City or town.....Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....about 20 years

Hospital, institution, or street address where death occurred:

Cambridge Maryland Hospital

How long in hospital or institution?.....3 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....Maryland.....County.....Dorchester

City or town.....Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No.....306 Talbot Ave.,

(If rural, give LOCATION)

2.(a) If veteran, name War.....

3. (a) FULL NAME

IDA SHENTON SPEDDEN

3. (b) Social Security Number

4. Sex

female

5. Color or race

white

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife.....Frederick W. Spedden

8. (c) If alive, give age.....43 years

7. Birth date of

deceased (mo., day, yr.) 5-9-1904

8. AGE:

Years

Months

Days

If less than one day

42

6

24

hrs.

min.

9. Birthplace.....

Madison, Md.

(Town, county, and state)

10. Usual occupation.....

Bookkeeper

11. Industry or business.....

Banking

FATHER

12. Name.....

Walter Shenton

13. Birthplace.....

Md.

MOTHER

14. Maiden name.....

Margaret Hall

15. Birthplace.....

Md.

16. Informant.....

Frederick W. Spedden

Address.....

Cambridge, Md.

17.

burial

(Burial, cremation, or removal. Which?)

Date thereof.....12-5-46

(month) (day) (year)

Cemetery or crematory.....

Speddens

Location.....

James, Md.

18. Funeral director.....

Le Compts Funeral Service

Address.....

Cambridge, Md.

19.

12/5/46

19.

John MacFarland, M.D.

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH.....December 3.....1946.....at 12:25 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

November 28.....1946.....to.....Nov. 30.....1946.....

and that I last saw her.....alive on.....Nov 30.....1946.....

Immediate cause of death.....

Acute Yellow Atrophy
of the Liver

DURATION

9 days

Due to.....

Due to.....

Other conditions.....

Secondary Renal
Insufficiency
(Include pregnancy within 3 months of death)

2 days

Major findings of operations.....

None

Date of op.

Autopsy results.....

None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....Date of.....

Where did injury occur?.....

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?).....

Means of Injury.....

Injured at work?.....

23. SIGNATURE.....

Edridge H. Hoffmann, M.D., acting Deputy
Medical Examiner
Cambridge, Maryland

M. D. or other

Date signed 12-5-46

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MARYLAND STATE DEPARTMENT OF HEALTH

2441 N. Charles St., Baltimore 93rd

CERTIFICATE OF DEATH

12066

Reg. Dist. No. 1160

1. PLACE OF DEATH:

County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 years and 4 months

Hospital, institution, or street address where death occurred:

Eastern Shore State Hospital

How long in hospital or institution? 6 years and 4 months

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

County Somerset Co. State Maryland

City or town Smith Island
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2. (a) If veteran, name war. _____

3. (a) FULL NAME

William L. Stout

3. (b) Social Security Number

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced separated

6. (b) Name of husband or wife _____

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) April 20, 1865

8. AGE: Years 81 Months 8 Days 6 If less than one day _____ hrs. _____ min.

9. Birthplace Staunton, Virginia
(Town, county, and state)

10. Usual occupation physician

11. Industry or business _____

12. Name Thornton G. Stout

13. Birthplace unknown

14. Maiden name Asenith Johnson

15. Birthplace unknown

16. Informant Eastern Shore State Hospital Records

Address Cambridge, Maryland

17. Burial Date thereof Jan 2, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Lowell Cemetery

Location Smith Island, Md.

18. Funeral director H. Harry Branscombe

Address Cambridge, Md.

19. 12/31/46 John Maciejk
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 26, 1946 at 9:01 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 14, 1939 to December 26, 1946 and that I last saw him alive on December 26, 1946

Immediate cause of death auricular Fibrillation DURATION _____

Due to chronic myocarditis and myocardial degeneration

Due to Senility

Other conditions Arteriosclerosis Cerebral accident
(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Grace M. Branscombe
Grace M. Branscombe, M.D. or other

Address E.S.S.H. Cambridge, Maryland Date signed 12-27-46

MARGIN RESERVED FOR BINDING

VS A15 9-45:15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (157)

CERTIFICATE OF DEATH

12067

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Four DaysHospital, institution, or street address where death occurred:
Cambridge Maryland HospitalHow long in hospital or institution? Four Days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)Street No. Parents-801 Maryland Ave.
(If rural, give LOCATION)2(a) If veteran, name war -

3. (a) FULL NAME

Constance Anne Todd

3. (b) Social Security Number

-

| | | |
|---------------|------------------|--|
| 4. Sex | 5. Color or race | 6. (a) Single, married, widowed, or divorced |
| <u>Female</u> | <u>White</u> | <u>Single</u> |

6. (b) Name of husband or wife Infant7. Birth date of deceased (mo., day, yr.) Nov. 29, 1946

| | | | | |
|---------|----------|----------|----------|-----------------------------|
| 8. AGE: | Years | Months | Days | If less than one day |
| | <u>-</u> | <u>-</u> | <u>4</u> | <u>-</u> hrs. <u>-</u> min. |

9. Birthplace Cambridge, Maryland
(Town, county, and state)10. Usual occupation -11. Industry or business -12. Name James M. Todd, Jr.13. Birthplace Maryland14. Maiden name Constance Sacker15. Birthplace Maryland16. Informant Mr. James M. Todd, Jr.Address Cambridge, Maryland17. Burial Date thereof Dec. 3, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Dorchester Memorial ParkLocation Cambridge, Maryland18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland19. 12/5/46 19 46 John M. Todd
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 2, 1946 at 4:30 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11/29/46 to 12/2/46 and that I last saw him ER alive on 12/2/46

| | |
|-----------------------------------|----------|
| Immediate cause of death | DURATION |
| <u>IMMATURITY AND PREMATURITY</u> | <u>7</u> |
| <u>DATE OF EXPECTANCY</u> | |
| <u>FEBRUARY 28, 1946</u> | |

Due to -Other conditions -

(Include pregnancy within 3 months of death)

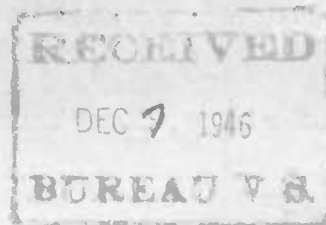
Major findings of operations -Date of op. -Autopsy results -

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: noAccident, suicide, or homicide - Date of -

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) -Means of injury - Injured at work? -23. SIGNATURE [Signature] M. D. or otherAddress Cambridge Md Date signed 12/3/46



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

13-1

12068

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Rural-Wingate
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? LifeHospital, institution, or street address where death occurred:
WingateHow long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Rural-Wingate
(If outside city or town limits, write RURAL and give nearest town)Street No. Wingate
(If rural, give LOCATION)2(a) If veteran, name war -

3. (a) FULL NAME

Roseanna Wingate Todd

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife John M. Todd6. (c) If alive, give age 69 years7. Birth date of deceased (mo., day, yr.) May 5, 18748. AGE: Years 72 Months 7 Days 16
If less than one day _____ hrs. _____ min.9. Birthplace Wingate, Dor. Co., Maryland
(Town, county, and state)10. Usual occupation Domestic11. Industry or business HomeFATHER 12. Name William J. Wingate13. Birthplace MarylandMOTHER 14. Maiden name Margaret Parks15. Birthplace Maryland16. Informant Mr. James M. ToddAddress Wingate, Maryland17. Burial Date thereof Dec. 23, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Wingate Church CemeteryLocation Wingate, Maryland18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. 12/28/46 John M. Todd
(Date rec'd by registrar) (Signature) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 21, 1946 at 9: A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
10/29/46 1946 to 12/21/46 1946
and that I last saw her alive on 12/11/46 1946Immediate cause of death Coronary occlusionDue to Arterio scleroticDue to Heart Disease

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

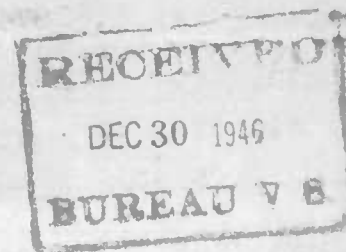
Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE L. MaryannAddress 136 Race St. Cambridge, Md. M. D. or other 12/23/46
Date signed _____DURATION
1 day
1 hr.



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 835

CERTIFICATE OF DEATH

12069

Reg. Dist. No. 1160

1. PLACE OF DEATH:

County Worcester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 years
 Hospital, institution, or street address where death occurred:
Hubbard St.
 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Worcester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Hubbard St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Sophronia Ward

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female colored married

6. (b) Name of husband or wife

Erasmus Ward

7. Birth date of deceased (mo., day, yr.) 8. (c) If alive, give age _____ years

August 2, 1900
 8. AGE: Years 46 Months 4 Days 0 hrs. min.9. Birthplace Cambridge, Worcester Co., Maryland
 (Town, county, and state)10. Usual occupation laborer11. Industry or business none12. Name Charles Travers13. Birthplace Croft Maryland14. Maiden name Allie Hill15. Birthplace Black Water, Maryland16. Informant Allie HealdAddress Cambridge, Maryland17. (Burial, cremation, or removal. Which?) Date thereof 12-5-46
 (month) (day) (year)Cemetery or crematory Wright CemeteryLocation Cambridge, Maryland18. Funeral director L. H. BayneAddress Cambridge, Maryland19. 12/5 19 46 John M. ...
 (Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 2nd 19 46 at 3:30 P.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 2nd 19 46 to December 2nd 19 46 and that I last saw him alive on December 2nd 19 46Immediate cause of death Cerebral accident

DURATION

8 hoursDue to pneumonia

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations none

Date of op. _____

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
 (City or town) (County) (State)

Injured at home, term, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Eldridge H. Wolff MD

M.D. or other _____

Address Cambridge, Maryland Date signed 12-3-46

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 170-2

CERTIFICATE OF DEATH

Reg. Dist. No. 1160

12070

1. PLACE OF DEATH: Worchester
 County Cambridge
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution? 4 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Worchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Rural
 (If rural, give LOCATION)
 2(a) If veteran, name war none

3. (a) FULL NAME Frederick J. West

3. (b) Social Security Number none

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced Divorced

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) May 29-1864 6. (c) If alive, give age _____ years

8. AGE: Years 82 Months 7 Days 1 If less than one day _____ hrs. _____ min.

9. Birthplace Erie, Penna.
 (Town, county, and state)

10. Usual occupation Coffee Shopper

11. Industry or business Luther M. West

12. Name Sarah Johnson

13. Birthplace Penna.

14. Maiden name Flourie Freeman

15. Birthplace Penn.

16. Informant Paul A. Cambridge Md.

17. Burial, cremation, or removal, Which? Burial Date thereof 1-20-47
 (month) (day) (year)
 Cemetery or crematory Worchester Memorial Park

18. Funeral director Cambridge Md.
Kenneth R. Shivers
 Address Cambridge Md.

19. 1/2/46 19 46 John Mace Jr Md
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 30 19 46 at 8:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19 _____ to _____ 19 _____ and that I last saw him _____ alive on _____ 19 _____

Immediate cause of death Injury to Brain DURATION 27 days

Due to Fracture of Skull

Due to _____

Other conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: Accident Date of Dec 3/46

Accident, suicide, or homicide Accident Date of Dec 3/46
 Where did injury occur? Cambridge Dor. Md.
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Public Road

Means of injury Automobile Injured at work? No

23. SIGNATURE Joe K. Shivers - Dip Med. Exam. M. D. or other
 Address Cambridge Md. Date signed Jan 2/47

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (832)

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:
County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 34 Years
Hospital, institution, or street address where death occurred:
122 Locust St.
How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
Street No. 122 Locust St.
(If rural, give LOCATION)
2.(a) If veteran, name war -

3. (a) FULL NAME
Mary Taitt Williams

3. (b) Social Security Number
-

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
6. (b) Name of husband or wife George W. Williams
7. Birth date of deceased (mo., day, yr.) Aug. 30, 1878 6. (c) If alive, give age 70 years
8. AGE: Years 68 Months 3 Days 15 If less than one day
.....hrs.min.

9. Birthplace Vienna, Dor. Co., Maryland
(Town, county, and state)

10. Usual occupation -

11. Industry or business -

FATHER 12. Name Harry Taitt

13. Birthplace Maryland

MOTHER 14. Maiden name Anna Kerr

15. Birthplace Maryland

16. Informant Mr. George W. Williams

Address Cambridge, Maryland

17. Burial Date thereof Dec. 17, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Dorchester Memorial Park

Location Cambridge, Maryland

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland.

19. 12/18/46 19 46 John MacCoy Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH December 15, 1946 at 8:10 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11/13/46 to 12/15/46 and that I last saw her alive on 12/14/46

Immediate cause of death Cerebral hemorrhage DURATION 5 days

Due to Hypertension, essential

Due to -

Other conditions -

(Include pregnancy within 8 months of death)

Major findings at operations -

Date of op. -

Autopsy results -

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of -

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Lawrence Maranoff, M.D. M. D. or other

Address 136 Race St., Cambridge Date signed 12/17/46

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully and in correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1570

CERTIFICATE OF DEATH

Reg. Dist. No. 12072 1800

1. PLACE OF DEATH:

County Dorchester
 City or town Federalburg - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
River Road
 How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester
 City or town Federalburg - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. River Road
 (If rural, give LOCATION)
 2.(a) If veteran, name war -

3. (a) FULL NAME

Roy Robert Lee Williams

3. (b) Social Security Number

None

4. Sex Male 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Single
 6. (b) Name of husband or wife -
 6. (c) If alive, give age - years
 7. Birth date of deceased (mo., day, yr.) December 20, 1946
 8. AGE: Years - Months - Days 3 If less than one day - hrs. - min.

9. Birthplace Dorchester County, Maryland
 (Town, county, and state)
 10. Usual occupation Infant
 11. Industry or business -

FATHER 12. Name Garfield Collins
 13. Birthplace Delaware
 MOTHER 14. Maiden name Ella May Williams
 15. Birthplace Dorchester County, Maryland

16. Informant Mrs. Raymond Williams
 Address Federalburg, Maryland, R.F.D.

17. Burial Date thereof December 23, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Federal Hill Cemetery
 Location Federalburg, Maryland

18. Funeral director J. F. Frampton & Son
 Address Federalburg, Maryland

19. Dec 23 - 1946 Charles Hastings
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 23 1946, at 4 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1946 at 19 fo 19and that I last saw him alive on 19Immediate cause of death congenital cardiac

DURATION

lesionDue to -Due to -Other conditions -

(Include pregnancy within 3 months of death)

Major findings of operations -Date of op. -Autopsy results -

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide - Date of -Where did injury occur? - (City or town) (County) (State)Injured at home, farm, industry, public place (where?) -Means of injury - Injured at work? -

23. SIGNATURE J. K. Shriver, Def. Med. Exam.
 M. D. or other -
 Address Cambridge, Md. Date signed Dec. 23/46

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BUREAU T. B.

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